

NORTHERN LIGHTS HEALTH CARE CENTER  
706 BRATLEY DR

WASHBURN 54891 Phone: (715) 373-5621  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 75  
Total Licensed Bed Capacity (12/31/04): 75  
Number of Residents on 12/31/04: 68

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 70

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.4	More Than 4 Years		19.1
Day Services	No	Mental Illness (Org./Psy)	36.8	65 - 74	4.4			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	35.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.5	85 - 94	44.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	11.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	11.8	65 & Over	95.6	-----		
Transportation	No	Cerebrovascular	17.6		-----	RNs		20.0
Referral Service	No	Diabetes	4.4	Gender	%	LPNs		7.9
Other Services	Yes	Respiratory	2.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.1	Male	26.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.5			46.6
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	2	3.6	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Skilled Care	5	100.0	347	52	94.5	121	0	0.0	0	8	100.0	155	0	0.0	0	0	0.0	0	65	95.6
Intermediate	---	---	---	1	1.8	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		55	100.0		0	0.0		8	100.0		0	0.0		0	0.0		68	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.8	Bathing	0.0	77.9	22.1	68
Private Home/With Home Health	4.8	Dressing	19.1	64.7	16.2	68
Other Nursing Homes	10.8	Transferring	29.4	54.4	16.2	68
Acute Care Hospitals	77.1	Toilet Use	29.4	52.9	17.6	68
Psych. Hosp.-MR/DD Facilities	0.0	Eating	39.7	52.9	7.4	68
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.4	Continence		%	Special Treatments	%
Total Number of Admissions	83	Indwelling Or External Catheter	5.9		Receiving Respiratory Care	8.8
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	55.9		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	22.8	Occ/Freq. Incontinent of Bowel	38.2		Receiving Suctioning	0.0
Private Home/With Home Health	27.8				Receiving Ostomy Care	2.9
Other Nursing Homes	1.3	Mobility			Receiving Tube Feeding	0.0
Acute Care Hospitals	6.3	Physically Restrained	5.9		Receiving Mechanically Altered Diets	36.8
Psych. Hosp.-MR/DD Facilities	3.8				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	82.4
Other Locations	6.3	With Pressure Sores	5.9		Medications	
Deaths	31.6	With Rashes	17.6		Receiving Psychoactive Drugs	54.4
Total Number of Discharges (Including Deaths)	79					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	87.4	1.07	85.5	1.09	85.9	1.09	88.8	1.05
Current Residents from In-County	76.5	76.6	1.00	71.5	1.07	75.1	1.02	77.4	0.99
Admissions from In-County, Still Residing	19.3	21.5	0.90	20.7	0.93	20.5	0.94	19.4	0.99
Admissions/Average Daily Census	118.6	125.9	0.94	125.2	0.95	132.0	0.90	146.5	0.81
Discharges/Average Daily Census	112.9	124.5	0.91	123.1	0.92	131.4	0.86	148.0	0.76
Discharges To Private Residence/Average Daily Census	57.1	51.0	1.12	55.7	1.02	61.0	0.94	66.9	0.85
Residents Receiving Skilled Care	98.5	95.2	1.04	95.8	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	95.6	96.2	0.99	93.1	1.03	93.2	1.03	87.9	1.09
Title 19 (Medicaid) Funded Residents	80.9	69.6	1.16	69.1	1.17	70.0	1.15	66.1	1.22
Private Pay Funded Residents	11.8	21.4	0.55	20.2	0.58	18.5	0.64	20.6	0.57
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	36.8	40.3	0.91	38.6	0.95	36.6	1.00	33.6	1.09
General Medical Service Residents	22.1	17.9	1.23	18.9	1.16	19.7	1.12	21.1	1.05
Impaired ADL (Mean)	46.5	47.6	0.98	46.2	1.01	47.6	0.98	49.4	0.94
Psychological Problems	54.4	57.1	0.95	59.0	0.92	57.1	0.95	57.7	0.94
Nursing Care Required (Mean)	9.0	7.3	1.24	7.0	1.29	7.3	1.23	7.4	1.21